

## MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION DIVISION FOR SPECIAL EDUCATION, FUNDS MANAGEMENT SECTION PO BOX 480, JEFFERSON CITY, MISSOURI 65102-0480

## APPLICATION FOR DESE DESIGNATION AS APPROVED PRIVATE EDUCATION AGENCY

## **Statutory Authority**

Pursuant to Section 162.705 RSMo, a school district or special school district may, if no adequate program is available in nearby districts or through public agencies, contract with any organizations within the state, which meet the standards established by the State Board of Education for services for students with disabilities. Agencies will be approved and monitored by the Department of Elementary and Secondary Education. Agencies will be evaluated by standards to or exceeding those used to monitor local school districts in accordance with provisions of Part B IDEA.

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A. ORGANIZATION INFORMATION					
LEGAL NAME OF THE ORGANIZATION:					
ADDRESS			CITY		
STATE:	ZIP CODE:	TEL	EPHONE NUMBER	FAX NUMBER:	
			)	( )	
B. AGENCY INFORMATION				_	
Agancy Defined A private o	vragnization is defined as any	oras	nization within the State	which has programs	
Agency Defined A private organization is defined as any organization within the State which has programs meeting the standards established by the State Board of Education with the exception of any organization					
established for a sectarian purpose or whose governance is controlled by any religious creed, church, or sectarian					
denomination.					
1. Organizational Information					
Yes No Does this organization operate under a Board of Directors?					
Yes No Is this organization approved by any other state agency or accrediting agency?					
If yes to any of the above state	ements, please explain:				
<ol> <li>Religious Affiliation</li> <li>Yes No Does the organization observe religious holidays in addition to or in lieu of recognized legal holidays?</li> </ol>					
Yes No Are religious symbols displayed in the area of the program or on the buildings.					
Yes No Are funds or contributions, if any, received from organizations and/or agencies of a sectarian nature?  Yes No Does the curriculum include sectarian instruction?					
Yes No Are sectarian services held within the agency facilities in conjunction with the educational program?  Yes No Do members of the administrative faculty or staff wear distinctive religious garments?					
Tes No Do members of the administrative faculty of stall wear distinctive religious garments:					
If yes to any of the above statements, please explain:					
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C. EDUCATIONAL PROGRAMMING					
<ol> <li>If staff changes occur within the year please update your file with the Funds Management Section.</li> </ol>					
	ole staff certifications for disal	bility	areas to be served.		
DISABILITY AREAS TO BE S				AGES	
( ) Autism					
` ,	Blindness			<del></del>	
` ,	onal Disturbance			<del></del>	
	ng Impairment and Deafness Il Retardation			<del></del>	
` ,	fic Learning Disabilities			<del></del>	
	ch or Language Impairment			<del></del>	
	le Disabilities				
	pedic Impairment			<del></del>	
	Health Impairments				
	natic Brain Injury				
	Impairment/Blind				
	Child with a Developmental De	elay			

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Anticipated Number of Students with Disabilities Student/Staff Ratio:				
(SEE CLASS SIZE AND CASELOADS – MISSOURI STATE PLAN FOR SPECIAL EDUCATION –SECTION IX) Educational programming appropriate for student's IEP and meets caseload standards?				
FACILITIES: Attach floor plan and describe any unique features of facilities in which programs will be housed.				
FOR RENEWALS COMPLETE ONLY IF CHANGES HAVE OCCURRED				
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TRANSPORTATION: Y/N Is any transportation provided for Missouri students for any purpose?				
If yes, please explain:				
ii yes, piease explain.				
FOOD SERIVCES: Y/N Is any food service provided for Missouri students for any purpose?				
If yes, please explain:				
ii yee, piedee explain.				
D. ASSURANCES				
This agency will:				
This agency will.				
1. Maintain student records consistent with the provisions of The Family Educational Rights and Privacy Act, 34				
(CFR 99. 1-99.67)				
2. Agree to provide and fully implement the procedural safeguards, which exist for students with disabilities under Part B				
of the IDEA.				
3. Provide instruction and related services in accordance with the contractual arrangements with public school systems				
and Individualized Education Programs of students; at no cost to parents; in compliance with IDEA; and in compliance				
with Missouri statutory provisions.				
4. Have written behavioral management policy that has been shared with the contracting public agency, students and				
parents.				
5. Provide appropriate facilities, equipment, and materials to effectively deliver special education and related services to				
all students serviced via contract and to notify the DESE of any change in location of facilities.				
6. Ensure equal employment / educational opportunities regardless of race, color, creed, national origin or sex, in				
compliance with Title VI and Title IX, or disability, in compliance with Section 504 of the Rehabilitation act and the				
Americans with Disabilities Act.				
7. Comply with appropriate health and environment, occupancy, fire safety, transportation, and accessibility standards as				
are warranted by the services, which the agency has contracted to provide.				
8. Agree to provide appropriately certificated staff for special education students served.				
I certify that to the best of my knowledge that the information contained in this application is accurate and complete and that				
the applicant agency has authorized me to give assurances and to file this application. I further certify that the educational				
program of said agency is free of regulation and administrative influence by any sectarian, denominational or other religious affiliation.				
SEND COMPLETED FORM TO:  Department of Elementony and Secondary Education				
Department of Elementary and Secondary Education Division of Special Education, Funds Management Section				
Post Office Box 480				
Jefferson City, Missouri 65102-0480				
NAME (PRINT)				
SIGNATURE				

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DATE

POSITION TITLE

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